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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

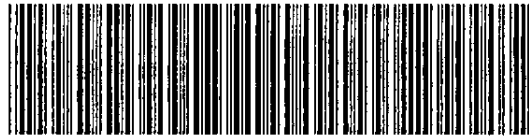
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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Handwritten initials



Corporate Services

February 14, 2011

BY FEDERAL EXPRESS

Department of State
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Shahinian Insurance Services, Inc. –
Application for Authorization to Transact Business

Dear Sir/Madam:

Please find attached an Application for Authorization to Transact Business for the Referenced Corporation for filing. Please also find attached a Certificate of Good Standing and a check in the amount of \$70 in payment of your filing fee.

Please forward all correspondence in connection with this filing to: 3H Corporate Services, LLC 6 Clement Avenue Saratoga Springs, NY 12866 Attn. Gary T. Harker, Esq. We look forward to receiving the Authority in due course. In the meantime, please do not hesitate to contact me at 518 583-0639 Ext. 111 if you have any questions.

Best regards,

Yours truly,

pp Gary T. Harker

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Shahinian Insurance Services, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Gary T. Harker
Name of Person

3H Corporate Services, LLC
Firm/Company

6 Clement Avenue
Address

Saratoga Springs, NY 12866
City/State and Zip code

gary.harker@3hcs.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary Harker at (518) 583-0639 Ext. 111
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Shahinian Insurance Services, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 33-0788386
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/13/1998 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 801 Park Center Drive, Suite 101 Santa Ana, CA 92705
(Principal office address)

801 Park Center Drive, Suite 101 Santa Ana, CA 92705
(Current mailing address)

8. Insurance sales and services
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)


Name: 3H Agent Services, Inc.

Office Address: 1970 Otter Way

Palm Harbor, Florida 34685
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature) Gary T. Harker, President of 3H Agent Services, Inc.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Please see attached Schedule.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Please see attached Schedule.

Address: _____

Vice President: _____

Address: _____

Secretary: _____

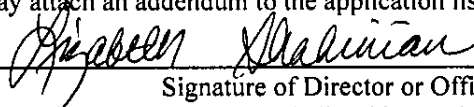
Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____



Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Lizabeth Shahinian, President

(Typed or printed name and capacity of person signing application)

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SHAHINIAN INSURANCE SERVICES, INC.

DIRECTORS AND OFFICERS SCHEDULE

Director Schedule

| Name | Business Address |
|--------------------|--|
| Lizabeth Shahinian | 801 Park Center Drive, Suite 101 Santa Ana, CA 92705 |
| Sandra Shahinian | 801 Park Center Drive, Suite 101 Santa Ana, CA 92705 |
| Leslie Shahinian | 801 Park Center Drive, Suite 101 Santa Ana, CA 92705 |

Officer Schedule

| Name and Title | Business Address |
|---|--|
| Lizabeth Shahinian – President, CFO, Secretary and Treasurer | 801 Park Center Drive, Suite 101 Santa Ana, CA 92705 |
| Leslie Shahinian – Vice President | 801 Park Center Drive, Suite 101 Santa Ana, CA 92705 |

State of California
Secretary of State

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF STATUS

ENTITY NAME:

SHAHINIAN INSURANCE SERVICES, INC.

FILE NUMBER: C2069435
FORMATION DATE: 02/13/1998
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of February 09, 2011.

Debra Bowen

DEBRA BOWEN
Secretary of State